



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**BUREAU OF BEHAVIORAL HEALTH, WELLNESS AND PREVENTION**  
**OFFICE OF HIV/AIDS**

**Verification of No Income**  
**Ryan White Part B**

I, \_\_\_\_\_, have requested services from Ryan White Part B which  
(Client's Name)  
requires verification of all income. I have stated during this verification that I have no  
income at this time.

I have not received income since \_\_\_\_\_.

I do not expect to receive income until \_\_\_\_\_.

I have applied for DDS or SSI on \_\_\_\_\_.

I understand that the above information is true and correct and understand that willfully  
giving false information will disqualify me from services and may result in legal/criminal  
action.

I further agree that if my financial status changes, I must immediately notify the Ryan  
White Part B eligibility agency and provide documentation of income.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registering Agency Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client URN